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ABSTRACT

There is very little published research specifically addressing the stress management skills of hospice caregivers. In order to ascertain if breathing exercises, biofeedback training, relaxation exercises, and cognitive therapy would be beneficial, pre- and post-treatment questionnaires and six 30-minute treatment sessions were administered to hospice personnel (N=5) who provide care for patients and their families in the home. The results of the study indicated that hospice personnel perceived themselves as more self-sufficient, self-reliant, and outgoing following the stress management training. Physiological measurements confirmed the subjects' self-reports of being more relaxed. Reportedly fewer stressors were experienced and less of the subjects' state of health was attributed to chance factors. Generalization occurred when the hospice personnel initiated stress management techniques with their patients, reported feeling less confused and more competent in their work environment, and perceived their occupation as less stressful. (Assessment instruments and training session materials are appended, including a Daily Living Stress Index and a Physiological Profile and Questionnaire. (Author/LLL)

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Stress Management Training for Hospice Personnel: An Exploratory Study

This study evaluated the benefits of stress management training for hospice personnel who provide care for patients and their families in the home. The training consisted of breathing and relaxation exercises, biofeedback training, and cognitive therapy. Results indicate that hospice personnel perceived themselves as more self-sufficient, self-reliant, and outgoing following the stress management training. Physiological measurements confirmed the subjects' self-reportings of being more relaxed. Reportedly fewer stressors were experienced and less of the subjects' state of health was attributed to chance factors. Generalization occurred when the hospice personnel initiated stress management techniques with their patients, reported feeling less confused and more competent in their work environment, and perceived their occupation as less stressful (12 ref.).

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The years since the initial introduction of the concept of hospice care in the United States have been marked by attempts to define and measure the work environment that the hospice care giver experiences. Over the years this focus has expanded to include the assessment of the care giver's support systems and individual qualities. While this approach of identifying coping skills has proven useful, it directs research away from evaluating the more personalized skills the hospice worker utilizes in handling stress. Past research efforts in this area will be reviewed, and a method of providing stress management skills to hospice personnel will be addressed.

Much of the hospice-related literature suggests that stress is induced by the grieving for, the identifying with, and the observation of the person's physical deterioration and death, and from being proximal to the grieving family and friends. In addition, this stress is considered to be compounded by the experiencing of numerous deaths (Jenkins, 1981). There is, however, very little published research specifically addressing the stress management skills of hospice care givers (Pannier, 1980). Most of the research is conducted in the area of examining who the hospice worker is as a person, with the who being defined as relating to personal characteristics, personal belief systems and values, motivational forces, and life experiences that directed this choice of work. Much of the literature focuses on nurses working in ICU/CCU settings or with advanced cancer patients. Major problems with work situations and staff communication were cited as being stressful just as often as problems with observing people suffer and die (Vachon et al., 1978). In addition, nurses apparently do not employ

consistent patterns in coping with their work with the dying person (Jenkins, 1981).

In recent years support programs for hospice nursing staff have been implemented. These programs included individual psychiatric consultation, group counseling, and group support. In general, these programs had ill-defined goals, lacked detailed and specific intervention procedures, and were not evaluated systematically as to their effectiveness in assisting nurses to cope with stress (Gray-Toft, 1980).

This overview of the research indicates that the hospice worker appears to need support systems and displays a pattern of using co-workers for support in handling stressful situations. One of the next logical areas of research would appear to involve an evaluation of the benefits of a stress management program. The purpose of the present study was to ascertain if breathing exercises, relaxation exercises, biofeedback training, and cognitive therapy would significantly benefit hospice personnel.

Method

Subjects

The subjects were hospice personnel who provide care for patients and their families in the home (N = 5). Their ages ranged from 29 to 45 while their education ranged from R. N. (diploma) to Ph. D.

Apparatus

J & J biofeedback equipment was used to monitor EMG and finger temperature. A standard sphygmomanometer and stethescope were used to monitor blood pressure.

Procedure

The initial assessment procedure included the administration of the Clinical Analysis Questionnaire (CAQ), the Health Attribution Test (HAT), the Social Readjustment Rating Scale (SRRS), a daily living stress index (DLSI) (see Appendix A), a physiological profile, and a questionnaire on vocational competence, job satisfaction, and behavioral medicine beliefs and practices (see Appendix B).

The six treatment sessions consisted of 30 minutes of individual cognitive therapy and ep minutes of breathing exercises, relaxation exercises, or biofeedback training. The format of the sessions was as follows:

Session 1 - Body Awareness (see Appendix C)
Physical Stress Location Chart (see Appendix D)
Cue Controlled Breathing Exercises (see Appendix E)

Session 2 - Communication Styles Framework (see Appendix F)
Plain Talk About Stress (see Appendix C)
Relaxation Exercises (see Appendix C)

Session 3 - Coping Skills Training (see Appendix C)
Biofeedback Training

Session 4 - Coping Skills Training (see Appendix C)
Biofeedback Training

Session 5 - Discussed stress coping thoughts and the need for assertiveness.
Biofeedback Training

Session 6 - Assertiveness for Women (see Appendix C), addressed assertiveness, stress hierarchies, and cognitions.
Biofeedback Training
Schwartz Model of Cognitive & Somatic Anxiety

The post-treatment assessment procedures were the same as the initial assessment procedure.

Results

The results of the study indicate that hospice personnel perceived themselves as more self-sufficient, self-reliant, and

outgoing (factors Q_2, In, & D_7, respectively), following stress management training. (See Table 1.) They also saw themselves as more relaxed (factor Q_4) which was confirmed by physiological measurement (see Table 2). They attributed less of their state of health to chance factors (see Table 3) and reported experiencing fewer stressors on both stress indexes. (See Table 4.)

The incorporation of stress management techniques in their daily lifestyle also appears to have influenced their work performance. As assessed by a questionnaire on vocational competence, job satisfaction, and behavioral medicine beliefs and practices (see Appendix A), the hospice personnel reported using stress management techniques with their patients, reported feeling less confused about what to do in their work situation, and perceived their work as less stressful. (See Table 5.)

Table 1

Mean Differences Between Pre-treatment and Post-treatment Evaluation on the CAQ

Factor	Mean Difference
A	.6
B	-.4
C	-.4
E	-.4
F	-.2
G	.4
H	-.2
I	-.2
L	0
M	-.6

Table 1--Continued

Factor	Mean Difference
N	1.0
O	.4
Q_1	0
Q_2	-1.0
Q_3	.2
Q_4	-1.2
D_1	-.2
D_2	.6
D_3	-.8
D_4	.2
D_5	-.2
D_6	-.6
D_7	-1.2
Pa	-.8
Pp	.2
Sc	.2
As	-.2
Ps	-.6
Ex	.66
Ax	-.22
Ct	.50
In	-.98
Se	-.36
So	.48
D	-.20
P	-.70
Ne	.02

Table 2

Mean Differences Between Pre-treatment and Post-treatment Evaluations on Physiological Indices

Physiological Measurement	Mean Difference
Left Frontalis	-4.8 mV*
Right Frontalis	-4.8 mV
Left Wrist	-2.0 mV
Right Wrist	-1.4 mV
Finger Temperature	2.2° F
Blood Pressure - Septalic	-4 mm Hg.
Blood Pressure - Diastalic	-4. mm Hg.
Heart Rate	-4.4 beats/min.
Respiration Rate	-1.2/min.

*p .05.

Table 3

Mean Differences Between Pre-treatment and Post-treatment Evaluation on the HAT

Factor	Mean Difference
Internal	.4
Powerful Other	.2
Chance	-1.4

Table 4

Mean Differences Between Pre-treatment and Post-treatment Evaluations on Stress Indexes

Stress Index	Mean Difference
SRRS	-69.4
DLSI	- 5.8

Table 5

Mean Differences Between Pre-treatment and Post-treatment Evaluation on the Questionnaire

Question Number	Mean Difference
1	- .2
2	2.0*
3	.2
4	- .8
5	.4
6	1.8*
7	.4
8	- .4
9	0
10	- .6
11	-1.0
12	2.0*
13	0
14	- .2
15	1.0
16	.2
17	.4
18	.4
19	0
20	0
21	0
22	.8
23	0
24	2.2*
25	0
26	0
27	.2
28	- .2
29	.8
30	- .8
31	- .6

*$p < .05$.

Table 5-Continued

Question Number	Mean Difference
32	.8
33	- .8
34	- .6
35	.4
36	.2
37	.4
38	- .6
39	.6
40	.4
41	.2
42	- .2
43	.2
44	.4

*$p < .05$.

Discussion

The results of this exploratory study seem to indicate that stress management training is beneficial for hospice personnel, both at a personal and professional level. However, these results must be interpreted cautiously as many of the results were not statistically significant. This may be due to the small sample size (N = 5) and relatively large variances. It would appear that this study provides a pioneering effort for future study with larger populations to validate these results.

Appendix A

DAILY LIVING STRESS INDEX

STRESS

CIRCLE ANY OF THE FOLLOWING THAT APPLY TO YOU AND RATE ACCORDING TO SEVERITY: 3-SEVERE, INTERFERES WITH MY ACTIVITIES; 2-NOTICEABLE, BUT CAN MANAGE; 1-BARELY NOTICEABLE.

A • Headaches _
H • Pains, aches _
D • Itching _
J • Chest pain _
• Palpitations _
• Heart skips _
• Heart trouble _
• High blood pressure _
D • Cold hands _
B • Throat itches _
• Trouble swallowing _
• Dry mouth _
• Speech problems _
• Stuttering _
• Jaw clenching _
K • Often hungry _
• Grinding teeth _
K • Diarrhea _
• Constipation _
• Stomach pain _
• Bloating _
• No appetite _
C • Ear problems _
L • Eye problems _
F • Sinus problems _
D • Skin trouble _
• Swelling _
• Sweating _
• Hot flushes _
E • Twitches _
• Tingling limbs _
• Tremors _
• Dizziness _
• Fainting _
M • Easily startled _
• High pitch nervous laughter _
F • Lung trouble
G • Menstrual pain _
• Menstrual discomfort _
H • Neck pain _
H • Low back pain _
I • Frecuent urination _
E • Weakness in legs _
M • Fearful _
• Temper outburst _
• Anger _
• Moodiness _
• Urge to run or hide _
• Anxious _
• Depressed _
• Impulsive _
• Emotional instability _
• Panicky _
• Aggressive _
• Crying spells _
• Feelings of unreality _
N • Confused _
• Delusions _
• Paranoid _
• Hard to concentrate _
• Memory problems _
O • Suicidal ideas _
• Tired of living _
• Do not enjoy life _
P • Feelings of inferiority _
• Performance varies a lot _
• Neglect appearance _
Q • Sleep problems
• Nightmares _
• Tired after sleep _
• Sleepy in daytime _
P • Overambitious _
• Shy with people _
• Lying _
• Stealing _
• Withdrawn _
• Immature _
R • Unable to relax _
• Tense _
S • Can't make friends _
• Problems with friends _
T • Unable to have a good time _
• Don't like weekends and vacations _
S • Problems in school _
• Problems at work _
• Lonely _
• Problems with family _
• Poor home conditions _
• Problems with opposite sex _
• Sexual difficulties _
• Can't keep a job _
• Legal trouble _
• Financial trouble _
• Accident prone _
U • Use aspirin often _
• Sleeping pills _
• Use pain medicine _
• Take drugs _
• Smoke
• Drink alcoholic beverages _
• Drink coffee _
• Drink tea _
• Drink cola beverages _

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Appendix B

PHYSIOLOGICAL PROFILE AND QUESTIONNAIRE

NAME _____ DATE _____

Occupation _____ Age _____

Marital Status: Married Single Divorced Separated

Living Conditions: Alone With others

Instructions: Please circle the number which best indicates where your opinion, feeling, or belief lies along the continum. There are no right or wrong answers. Please answer every question.

1. What does death represent to you?

1	2	3	4	5
Immobility and loss of control				A change in the state of existence

2. I am well acquainted with the behavioral medicine techniques that are used to help the dying patient.

1	2	3	4	5
Agree				Disagree

3. What I like most about my work is helping families to cope with death.

1	2	3	4	5
Agree				Disagree

4. Working with the terminally ill is a very stressful type of activity.

1	2	3	4	5
Agree				Disagree

5. When assigned to a dying patient, I would most want to know

1	2	3	4	5
How he feels about his dying status				His care plan, medications, and treatments

6. I practice relaxation exercises regularly.

1	2	3	4	5
Regularly				Not at all

7. What I like most about my work is the freedom to be on my own.

1	2	3	4	5
Agree				Disagree

8. One often feels down in this line of work.

1	2	3	4	5
Agree				Disagree

9. How do you see death?

1	2	3	4	5
Never appropriate				Natural end to life

10. I think that my patient's thoughts have little to do with the amount of pain or suffering that they experience.

1	2	3	4	4
Agree				Disagree

11. The most important aspect of my work is helping people to die.

1	2	3	4	5
Agree				Disagree

12. I practice breathing exercises regularly.

1	2	3	4	5
Regularly				Not at all

13. I believe in a Supreme Being and/or life after death.

1	2	3	4	5
Agree				Disagree

14. How do you believe your own death will occur?

1	2	3	4	5
Premature death				Old age

15. I practice imagery regularly.

1	2	3	4	5
Regularly				Not at all

16. I keep my present work mostly to make a living.

1	2	3	4	5
Agree				Disagree

17. I believe that my diet effects how I feel.

1	2	3	4	5
Agree				Disagree

18. I have the academic background necessary to practice this kind of work.

1	2	3	4	5
Agree				Disagree

19. I don't really think that I need any special skills to cope with my job.

1	2	3	4	5
Agree				Disagree

20. I feel silly asking my patients to incorporate behavioral medicine techniques such as imagery for pain control.

1	2	3	4	5
Agree				Disagree

21. If you had a fatal disease, would you want to be told?

1	2	3	4	5
Yes				No

22. I believe that diet effects how my patients feel.

1	2	3	4	5
Agree				Disagree

23. I have the experience necessary to practice this kind of work.

1	2	3	4	5
Agree				Disagree

24. I have had biofeedback training.

1	2	3	4	5
Extensive training				None at all

25. I think that pain control is mostly achieved by medications.

1	2	3	4	5
Agree				Disagree

26. I enjoy working with Hospice patients.

1	2	3	4	5
Agree				Disagree

27. I have patients practice breathing exercises regularly.

1	2	3	4	5
Regularly				Not at all

28. I believe emotions should be

1	2	3	4	5
Expressed				Controlled

29. I feel that continuing education is necessary in this line of work.

1	2	3	4	5
Agree				Disagree

30. I train patients in biofeedback.

1	2	3	4	5
Frequently				Not at all

31. What efforts should be made to keep an imminently terminal patient alive:

1 2 3 4 5

None All possible

32. I have my patients practice relaxation exercises regularly.

1 2 3 4 5

Regularly Not at all

33. I often feel confused about what to do in this line of work.

1 2 3 4 5

Agree Disagree

34. I have important stress producing problems other than my job.

1 2 3 4 5

Agree Disagree

35. I practice positive thinking regularly.

1 2 3 4 5

Regularly Not at all

36. I feel capable in my work with the terminally ill.

1 2 3 4 5

Agree Disagree

37. I have my patients practice imagery regularly.

1 2 3 4 5

Regularly Not at all

38. Someone with less experience could probably do as well as I do in this line of work.

1 2 3 4 5

Agree Disagree

39. Relaxation helps slight pain or discomfort, but does not play a major role in the management of the terminally ill.

1 2 3 4 5

Agree Disagree

40. I exercise regularly.

1 2 3 4 5

Regularly Not at all

41. Financial factors aside, I would rather do Hospice care than anything else.

1 2 3 4 5

Agree Disagree

42. The use of imagination as a coping technique may help, but is far from being a major factor in the real world.

1 2 3 4 5

Agree Disagree

43. I have my patients practice positive thinking regularly.

1 2 3 4 5

Regularly Not at all

44. I never doubt my competence in dealing with the dying patient.

1 2 3 4 5

Agree Disagree

45. To cope with the stress of my job I

_____

_____

_____

Appendix C

Session 1 - Body Awareness, Davis, Eshelman, & McKay (1982), pp. 17-21. See references.

Session 2 - Plain Talk About Stress, May, 1977. DHEW Publication No. (ADM) 77-502. See references.

Relaxation Exercises, Davis, Eshelman, & McKay (1982), pp. 25-26. See references.

Session 3 - Coping Skills Training, Davis, Eshelman, & McKay (1982), pp. 119-122. See references.

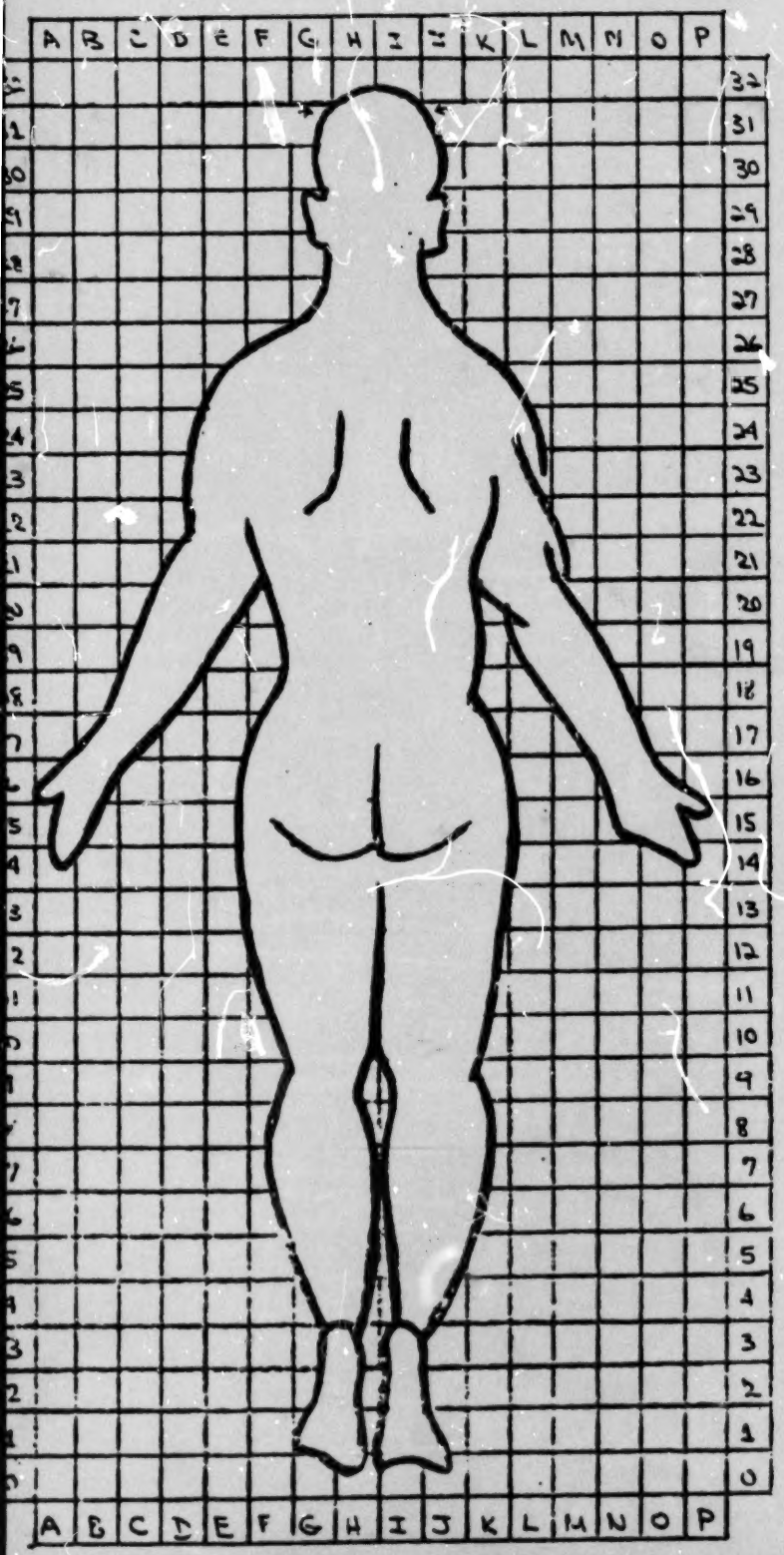
Session 4 - Coping Skills Training, Davis, Eshelman, & McKay (1982), pp. 122-128. See references.

Session 5 - Assertiveness for Women, Malins (1982). See references.

Appendix D

PHYSICAL STRESS LOCATION CHART

SHADE THE ENTIRE AREA WHERE YOU USUALLY HAVE PAIN.



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Appendix E

Cue Controlled Breathing Exercises

Subjects placed one hand on their chest and one hand on their abodomen and practiced breathing so that they moved only one hand while keeping the other hand still. They were instructed that chest breathing was usually associated with tension while abdominal breathing was usually associated with relaxation. They were given red dots to serve as a reminder to practice abdominal breathing throughout the day.

Appendix F

COMMUNICATION STYLE FRAMEWORK

	Low Risk	High Risk
Low Info	**Style I - Conventional** Factual Information Chit-chat Simple reporting Simple preferences Story telling Non-hostile joking	**Style II - Assertive, Manipulative** Labelling Evaluating Blaming Demanding Self-depreciating Complaining Call for defense Ignoring Indirect avoiding Acting out feelings
	Mixed Messages Advice giving Hostile joking Hidden intention	
High Info	**Style III - Speculative** Giving impressions Giving explanations Talking about reasons Speculating about causes Interpreting Unelaborated questions Inviting information Supportive reflections "There and then" time	**Style IV - Open** Documenting "Here and now" time Expressing feelings Expressing intentions Revealing impact Identifying tension Attentive listening Elaborated questions Supportive statements Accepting differences

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